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Bib Data Sheet

CONFIRMATION NO. 9965

|   |   |                               |   |   |
|---|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>09/964,115  | <b>FILING DATE</b><br>09/26/2001<br><b>RULE</b>   | <b>CLASS</b><br>375           | <b>GROUP ART UNIT</b><br><del>2631</del><br>2637  | <b>ATTORNEY DOCKET NO.</b><br>D-440                             |
| <b>APPLICANTS</b><br>Randal K. Douglas, Redondo Beach, CA;<br>Anthony S. Abbott, Rancho Palos Verdes, CA;                         |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>CIM NONE   |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>CIM NONE  |   |                               |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 11/08/2001   |   |                               |   |   |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged  | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature: <i>[Signature]</i> Initials: | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>16<br><br><b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Derrick M. Reid<br>Patent Attorney<br>The Aerospace Corporation<br>P.O. Box 92957<br>Los Angeles, CA 90009-2957 |   |                               |   |   |
| <b>TITLE</b><br>Spread spectrum receiver kalman filter residual estimator method  |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>355   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:   |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |